Docket No. 01/22527

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods Of Inducing Differentiation In Stem Cells, Methods Of Generating Tissue Using Scaffold Matrices Derived From Micro-Organs And Stem Cells, Methods Of Producing Adult Stem Cells And Methods Of Continuously Generating Stem Cells By Implantation Of Micro-Organs As Sources Of Stem Cells

the specification of which					
	is attached hereto.				
	was filed on	as Unite	ed States Application No	o. or PCT	
	International Application	Number	and was amended	d on	•
I here	eby state that I have of cation, including the claim	reviewed and ur s, as amended by	derstand the contents any amendment referre	s of the above ed to above.	e identified
K#IOWI	owledge the duty to disclo to me to be material to n 1.56.	ose to the United Sopatentability as	States Patent and Trade defined in Title 37, Co	emark Office all ode of federal F	information Regulations,
any Postates, patent	by claim foreign priority land 365(b) of any foreign apost international application, listed below and have also or inventor's certificate or which priority is clation on which priority is clation.	oplication(s) for pa on which designa so identified belov PCT Internationa	atent or inventor's certinted at least one coungly, by checking the box.	ficate, or Sectio try other than any foreign and	n 365(a) of the United
Prior Foreign Application(s)				Priority No	t Claimed
(Numb	er) (Cou	intry)	(Day/Mon	th/Year Filed)	
(Numbe	er) (Cou	ntry)	(Day/Mon	th/Year Filed)	
(Numbe	er) (Cou	ntry)	(Day/Mont	th/Year Filed)	

(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filling Date)
(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filing Date)
U.S.C. Section 112. I acknowledge the duty of the country of the information known to me to be	n in the manner provided by the first paragraph of 35 to disclose to the United States Patent and Trademark material to patentability as defined in Title 37, C.F.R. the filing date of the prior application and the nationation: (Filing Date) (Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date) (Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date) (Status) (patented, pending, abandoned)
statements made on information and belie statements were made with the knowledge t punishable by fine or imprisonment, or both,	herein of my own knowledge are true and that all if are believed to be true; and further that these that willful false statements and the like so made are under Section 1001 of Title 18 of the United States may jeopardize the validity of the application or any

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

SOL SHEINBEIN, Registration Number 25,457 MARTIN MOYNIHAN, Registration Number 40,338

Send Correspondence to:

G.E. EHRLICH (1995) LTD.

c/o ANTHONY CASTORINA

2001 JEFFERSON DAVIS HIGHWAY

SUITE 207

ARLINGTON, VIRGINIA 22202

Direct Telephone Calls to: (name and telephone	e number)
Anthony Castorina	Tel. No. (703) 415-1581 Fax No. (703) 415-4864
7 MIN	

FULL NAME OF SOLE C	R FIRST INVENTOR	Eduardo N. MITRANI	
3 500 3 500 3 500 3 7 7 8			
Sole or first inventor			
	s signature		Date
Rësidence	: 22 Reuven Street, 93510) Jerusalem, Israel	
Citizenship	: ISRAELI		
Post Office Address	: 22 Reuven Street, 93510) Jerusalem, Israel	

FULL NAME OF SECON	ID INVENTOR , IF ANY	Name HERE		
Second inventor's sig	gnature		Date	
Residence	:			
Citizenship				
Post Office Address				

FULL NAME OF SECOND INVENTOR , IF A	ANY Name HERE	
Second inventor's signature		Date
Residence :		
Citizenship :		
Post Office Address :		